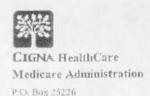
Janet Moore Credentialing Specialist Provider Enrollment Department



October 16, 2004

Nashville, TN 37202-3226

DEAR _______

Welcome to the Medicare Part B Program. Your application has been processed and approved. Listed below is information on how we processed this application. Please verify that all information is correct.

Provider Name:	DR
Performing Provider Number:	
Unique Physician Identification Number	er (UPIN);
Legal Name Associated with Number:	
Group Pricing Number:	
Doing Business As:	N/A
You are listed for billing as:	An Individual Joining a Group
The Payee address is:	
	#
The Practice location is:	
The other Practice locations are:	y <u> </u>
Effective Date:	09/01/2004

You are listed as a W-2 employee for this location.

You are listed as a participating provider.

You have been set up to submit claims electronically at this time.

Please notify our office immediately at 1.866.520.4007 if any of the above information is incorrect. Also, remember that all state privilege taxes must be kept current. We look forward to working with you in the future.

Sincerely,

Janet Moore

Confidence: unpublished property of Cli3NA
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